

# RECEIVED JAN 2 0 2010

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
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Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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# 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name		Office:
Edward P. Lega		
Mailing address		District
Edward P. Legg Mailing address P. D. Box 519 City, zip code Kennebunk 04043	4141	
City, zip code		Phone
Kennebunk 04043		207-967-8543
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANOT	HER
List the name and address of each employer from whom yo economic activity of each employer.	u received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
N/A	nemerote proposition in the control of the control	
The second secon	THE PROPERTY PARTICLE SERVICE STATES AND	MELDIO METADO ME
70	And the second s	
(For Legislator	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)	
<ul> <li>A. List the name and address of your business, if any, and li associated with a partnership, firm, professional association, entity.</li> </ul>	ist the major areas of economic activity or similar business entity, list the majo	from which you derived income. If r areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Edward Legg (Freston) (Inocston) Address: P.O. BOX 519 KRHNRAUK, MR. 04043	OWNER, Did Royalties dudivided the teast, development and and carried grains lease land	
Name: Busa Resources, INC  Address: 14875 Landonik, Fourth Floor  Dalles, TX. 25254	oil production royalty checks	

																MF			

(For Legislators who are self-employed.)

B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.

	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income			
Name:	Fieley Resources, The	oil production royalty checks			
Address:	F.O. BOX 2200 Ft. Worth, TX, 76113	novally checks			
Name: Address:	Estate of Reagan Lagg, John Lagg, Admistrator 486 Deminion Ct., Flower Mound, TX, 75022	Cattle grazing lease; oil production			

PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)							
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm.						
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)					
Name: Address:							
Name: Address:	ili pikakakakakakakakakannyi ili yine Lini kyölöji turojaini. Lini ano pamma isimmelle sii kiste na jabar e benoone essaanaka	The second section of the second seco					

PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifts. If none, check the box.
None	AND THE CONTRACTION OF THE CONTRACT OF THE CON
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: TIAA-CREF  Address: 8500 Andrew CARNEGIC Blod. Charlotte, North Carolina 28262-8500	Retinement ANN wity
Name: Social Security Administration  Address: 601 East Twelth Start  Kansas Lity, Missouri 64106-2859	Retipement , in cluding Medicane

PART 5. REPORTABLE LIABILITIES								
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.								
Mone None	and a second		akidebi dabidik dabida dabida dibida dibida dabida dabida bada dabida bada dabida dabi					
	Name and Address of Creditor		Principal Type of Economic Activity of Creditor					
Name:		The control of the co						
Address:		Europaon anti-						
Name:	79300-14194-19194-19194-19194-1919-1919-191		veneraria en sentra de la companya d : :					
Address:		, ,						

PART 6	. REPORTABLE GIFTS	e standalistika Haritatika	
List the specific source of each gift of more than \$300. Inc none, check the box.	lude gifts with an aggregate	value of mor	e than \$300 from a single source. If
None			
Name of Source of Gift  1.	3.	Name of	Source of Gift
2.	$\frac{1}{4}$	NSSSSS circles and circles and circles and circles are consistent of the circles and circles and circles are circles and circles and circles are circles and circles and circles are circles and circles are circles and circles are circl	
List the source of any honoraria accepted for appearances of	EPORTABLE HONORAR r speeches related to your lec		onsibilities. If none, check the box.
None	numan A. Amerika (1900). 1904-1904 (1900). 1904-1904 (1904). 1905 (1904). 1905 (1904). 1905 (1904). 1905 (1904	SPACONYACTORAL PORCES VARIOTISMA A TO SAMA ANNO ANNO ANNO ANNO ANNO ANNO ANNO A	OPP (CONTENTION OF CONTENTION OF CONTENTION OF A SEASON OF THE CONTENTION OF THE CON
Name of Source of Honoraria		Name of So	urce of Honoraria
	3.		E MI SEMBAN DIA PANYESINE SAMBANAMANAN KISI KISI MANAMAN ALAR JAWA YA ASAMIYA ASAMIYA BINA BINA BANGAN KASAMI KISI KISI MANAMANAN KASAMI KANI KASAMI KASAMI KANI KANI KANI KASAMI KANI KANI KA
2.	4.		
	TATION BEFORE STATE		
List each executive branch agency before which you repres- box.	ented or assisted others for	compensation	n of any amount. If none, check the
☑ None Name of Agency			
1.	3.		of Agency
2.	with the transmission of the second state of	TVTTCPPSCETBALLYWELBPPPABAAAAAAACIA CALL	POLICE AND AND THE STORY AND STORY CONTROL OF MANUAL STATE AND
	vividade	···	
	IESS WITH STATE AGEN		
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods o	r services with a value in excess of
₩ None		No. In the little of supplication by a spiritually designated by Approximate (Propriet) or	
Name of Agency  1.	3.	Name	of Agency
$^{10-\alpha_1+\alpha_2+\alpha_3+\alpha_4+\alpha_4+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5+\alpha_5$	proposation of a suggious or the suggest of the sug	nnyman ne (1968) Haddelan (deldanbedalani Ab) insila	Alliselasserremanning-n-n-thistist-n-n-thistist-n-n-thistister-n-transformation (in-n-thistister
<b>2</b> .	4.		
PART 10. INCOME RECEIVE		ny andronana i	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	I of income represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: ANN E. Liss  Job Title: Self-employed and ist + Invester	1. Thurstnepts stocks 2. Sale of her ant 3. Annuities	Spouse of Domestic Partner	1. Dividends and sales 2. And f Greeting Cards 3. TRAN-CRES and Security
	y *	Dependent Child	The second secon
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income		Dependent Child	
activity and the kind of income.	aannalanna on een en generaan siisassa ee ee ee kalka ka k	Dependent Child	

## PART 11. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family held any office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Webber Waspitel Association CNOW Refunct? Smaine Med Center Biddebord	Composator	Edward Legg	TO THE OWNER OF THE PROPERTY O	NO
Ant Guill Of The Kennebanks P.O. Box 2658 Kennebank poat, DAF O4046	Member and Ossiceal Brecutive Committee	An Spause	Anto Lagg	NO
Kennebunk hand Trust Kennebunk, 14 E, 04043	U-P then Board President	Spause	Ann Legg	NΟ

### **SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Edward P. Lezz

Jan. 17, 2010 Date

#### ADDITIONAL INFORMATION

Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for

	you are providing.	neets if needed). Indicate the part of section number for
Pent II - BB additional Investments		Sales and dividends of Stecks + Mutual Fands
	L. Income Show Wides  Investments at  Charles Schwab + Confiner  Charles Schwab + Confiner  On Montgomery 8th	Sales and Dividends Show of Stocks and Mutual Funds
Part 7	3. Did not list Pucone paid by the State for Legislative Service C pismed you have access to that	GOVERNMENT Service of State Legislaton